

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018446

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1342

FILED MAY 8 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Webster Groves</u>		c. CITY OR TOWN <u>Clayton</u>	
Length of stay in lb <u>4 yrs. 22 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Glenwood Home + Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>41 Brighton Way</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Black</u> Last <u>Black</u>		4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>63</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and state or country) <u>Fairfield, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Blackburn</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Blackburn</u>	
14. NAME OF HUSBAND OR WIFE <u>Richard V. Black</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Clayton Mo.</u> <u>Miss LaCene Black 41 Brighton Way,</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congestive heart failure</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized + cere bral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9:55 A.M.</u> Month, Day, Year <u>4-20-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Fairfield, Illinois</u>		20g. COUNTY <u>Fairfield</u>	
20h. STATE <u>Illinois</u>		21. I attended the deceased from <u>3-29-59</u> to <u>4-20-63</u> and last saw her alive on <u>4-17-63</u> Death occurred at <u>9:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John E. Murphy M.D.</u> (Degree or title)		22b. ADDRESS <u>1300 Grand Rd. ST. Louis 19. Mo.</u>	
22c. DATE SIGNED <u>4-22-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (auto)</u>	
23b. DATE <u>April 23, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Fairfield, Illinois</u>		23e. STATE <u>Illinois</u>	
24. FUNERAL DIRECTOR <u>Lupton Chapel Inc. 7233 Delmar Blv'd.</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-63</u>	
26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u>		27. ADDRESS <u>1300 Grand Rd. ST. Louis 19. Mo.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 4007

2 4002

3

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 40-2

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clarence A. Murray*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Fort*  
*St Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.